

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/029,334

FILING DATE

APPLICANT(S)

		CLAIMS					
		10-6-04					
	ADDED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DER.	IND.	DER.	IND.	DER.	
1	/						
2	/						
3	/						
4	/						
5	/						
6	/						
7	/						
8	/						
9	/						
10	/						
11	/						
12	/						
13	/						
14	/						
15	/						
16	/						
17	/						
18	/						
19	/						
20	/						
21	/						
22	/						
23	/						
24	/						
25	/						
26	/						
27	/						
28	/						
29	/						
30	/						
31	/						
32	/						
33	/						
34	/						
35	/						
36	/						
37	/						
38	/						
39	/						
40	/						
41	/						
42	/						
43	/						
44	/						
45	/						
46	/						
47	/						
48	/						
49	/						
50	/						
TOTAL IND.							
TOTAL DER.							
TOTAL CLAIMS							

		CLAIMS					
		10-6-04					
	IND.	DER.	IND.	DER.	IND.	DER.	
51	/						
52	/						
53	/						
54	/						
55	/						
56	/						
57	/						
58	/						
59	/						
60	/						
61	/						
62	/						
63	/						
64	/						
65	/						
66	/						
67	/						
68	/						
69	/						
70	/						
71	/						
72	/						
73	/						
74	/						
75	/						
76	/						
77	/						
78	/						
79	/						
80	/						
81	/						
82	/						
83	/						
84	/						
85	/						
86	/						
87	/						
88	/						
89	/						
90	/						
91	/						
92	/						
93	/						
94	/						
95	/						
96	/						
97	/						
98	/						
99	/						
100	/						
TOTAL IND.	4						
TOTAL DER.	10						
TOTAL CLAIMS	14						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS